



DPW

## TRANSMITTAL FORM

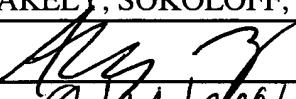
(to be used for all correspondence after initial filing)

		Application No.	10/749,818
		Filing Date	December 31, 2003
		First Named Inventor	David W. Boggs
		Art Unit	2839
		Examiner Name	Nasri, Javaid H.
Total Number of Pages in This Submission	14	Attorney Docket Number	42P18280

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 150px; margin-top: 5px;">Return Receipt Postcard</div>
<input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<div style="border: 1px solid black; height: 20px; width: 150px; margin-top: 10px;">Remarks</div>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Angelo J. Gaz, Reg. No. 45,907  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	9/14/2006

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Amber D. Saunders
Signature	
Date	9/14/2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 11/30/2005.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



SEP 21 2006

# REF TRANSMITTAL for FY 2005

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 0.00)

<i>Complete If Known</i>	
Application Number	10/749,818
Filing Date	December 31, 2003
First Named Inventor	David W. Boggs
Examiner Name	Nasri, Javaid H.
Art Unit	2839
Attorney Docket No.	42P18280

**METHOD OF PAYMENT** (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## **FEE CALCULATION**

## 1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid
Total Claims	22	22* = 0	50.00	\$0.00
Independent Claims	3	3* = 0	200.00	\$0.00
Multiple Dependent				

Large Entity		Small Entity		<u>Fee Description</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (1)</b>		<b>(\$)</b>		<b>0.00</b>

*\*\*or number previously paid, if greater, For Reissues, see below*

## 2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover s
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR
1810	790	2810	395	For each additional invention to be examined (37 CFR

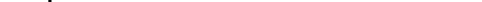
**Other fee (specify)**

**SUBTOTAL (2)**

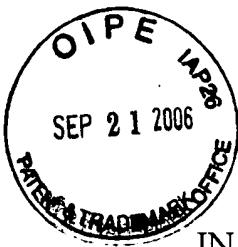
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**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Angelo J. Gaz	Registration No. (Attorney/Agent)	45,907	Telephone	(310) 207-3800
Signature				Date	9/14/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Attorney Docket No. 42P18280

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

David W. Boggs, et al.

Application No.: 10/749,818

Filed: December 31, 2003

For: **THREE-DIMENSIONAL FLEXIBLE  
INTERPOSER**

Examiner: Nasri, Javaid H.

Art Unit: 2839

Confirmation No.: 9358

**AMENDMENT AND RESPONSE TO OFFICE ACTION**

Mail Stop: Amendment  
Commissioner for Patents  
P. O. 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 27, 2006, Applicants respectfully request entry of the amendments set forth below and consideration of the remarks that follow.